MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-011728
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

b530
20530
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 170 Primary Registration District No. — Registrar's No. 68

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8 mi. N. of Grovespring — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Laclede
c. CITY OR TOWN: Grove Spring — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Bertha — Middle: Ethel — Last: Webb

4. DATE OF DEATH: Month: March — Day: 18 — Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-5-1897

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Wright County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Marion Williams

13b. MOTHER'S MAIDEN NAME: Ellen Williams

14. NAME OF HUSBAND OR WIFE: Ray Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rachel Holtz — Address: Bangon, Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral accident	One month
DUE TO (c)	Broken shoulder - H.B.P. - Chronic nephritis	3 months Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Broken shoulder - suffered some 3 months ago - Not significant to death

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 10 1959, to Mar 18 1962 and last saw her alive on Mar 18 1962
Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. E. Worthen, DO — 22b. ADDRESS: Hartville Mo — 22c. DATE SIGNED: 3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 3021-1962 — 23c. NAME OF CEMETERY OR CREMATORY: Davis Cemetery — 23d. LOCATION (City, town, or county) (State): Wright County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Carlos Bledsoe — Hartville Mo — 25. DATE RECD. BY LOCAL REG.: 3-20-1962 — 26. REGISTRAR'S SIGNATURE: Nella L. May

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Issued 3-20-1962 M.L.M.